

Designing a Culture of Multidisciplinary Collaborative Medication Management (CMM)

By Sylvia James

Presenting Opportunity

At Banner Good Samaritan Medical Center (BGSMC) in Phoenix AZ, the Director of Pharmacy had a vision of pharmacy directly involved in therapy decisions from patient admission to discharge, as a collaborative effort and partnership between all health care professionals to improve patient health outcomes. The new BGSMC CEO had a recommendation for a collaborative, high engagement process to design the new practice model, based on his applying Whole-Scale methodology in a variety of change efforts in his previous hospital in Chicago. The early involvement of physicians, nurses, and executives was critical in gaining support for the practice model.

Our Work

June-December 2008, Sylvia James and Paul Tolchinsky worked with BGSMC leaders, OD and HR professionals, and multi-disciplinary teams to plan the project timeline, create alignment, and identify/facilitate the work that needed to be done for March 2009 implementation.

An initial collaborative output was the CMM project purpose: “Together, design a culture of multidisciplinary collaborative medication practice that will deliver the highest level of patient care, optimize medication safety and improve satisfaction across all disciplines.”

A two-day CMM meeting launched the project by bringing together 250 BGSMC health care professionals to discover the most effective way to manage a patient’s entire medication experience.

After the Launch meeting, priorities and logical order of work to be done was identified, a temporary lateral structure of a multidisciplinary Coordinating Council formed, 8 work teams chartered, and 3 one-day work sessions scheduled. Once structure and roles were clearly defined, the remaining design teams went through a similar process to redesign the work processes identified at the Launch meeting and design staff development to support CMM’s March 2009 implementation.

Results

83% improvement in medication reconciliation accuracy, patient admissions process streamlined by more than 30 minutes, decrease in duplicate and inappropriate dosing and administration, and a 50% decrease in nursing calls to the pharmacy regarding drug orders. Pharmacist involvement from administration to discharge, use of well-developed protocols support provided by technicians, as well as a highly-integrated information system resulted in a dramatic decrease in medication errors in the emergency department and the general medical surgical units.

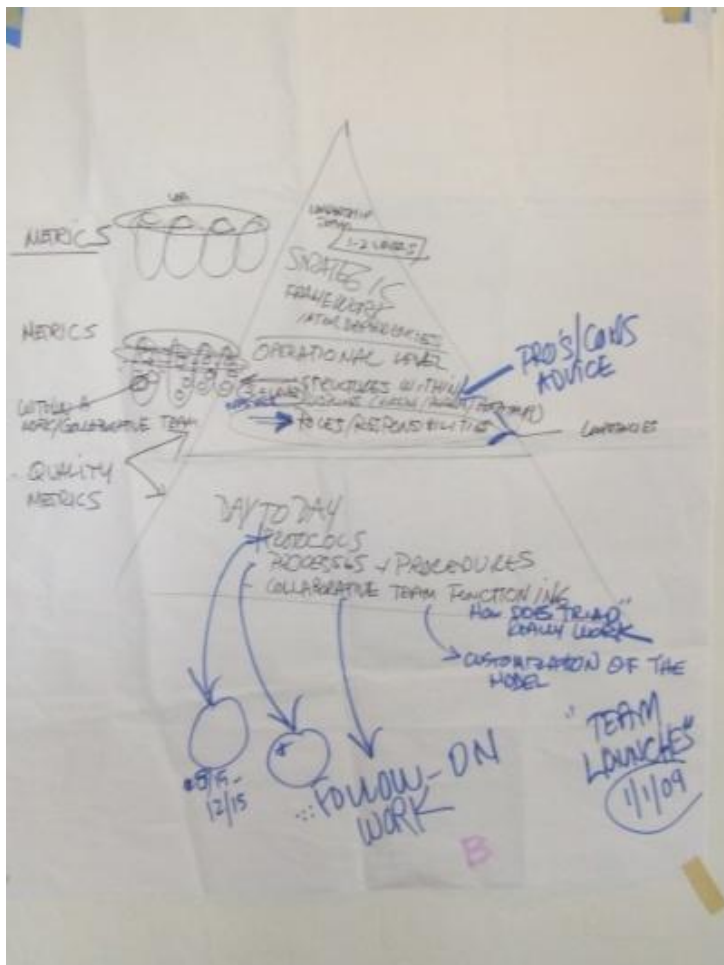
“The strongest metric we have is the physician and nursing support for the model and the success of pharmacy-led medication reconciliation.” By the third month, support was so positive that physicians and nurses outside of the demonstration area began clamoring for their areas to be next.

Testimonial

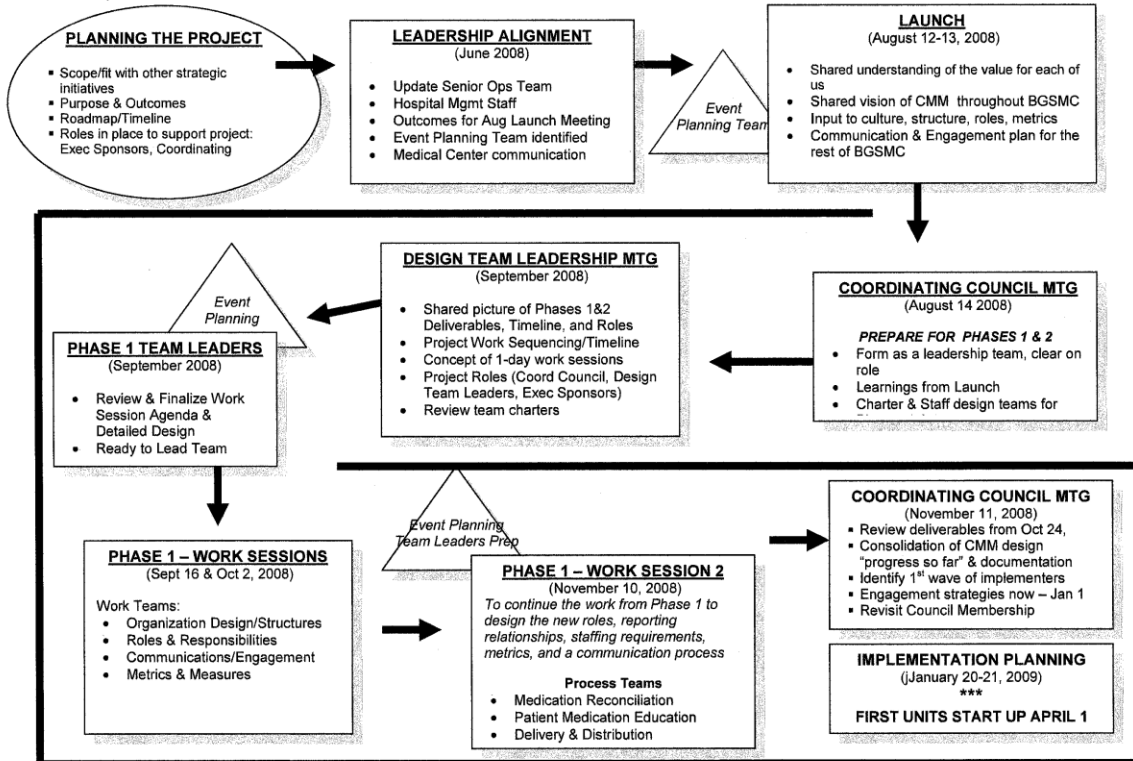
"Thought you might be interested in how far we've come! My thanks to you and Paul for your help in launching this program. Your expertise was invaluable and much appreciated." Joan Thiel, RN, MPH, FACHE, Associate Administrator, BGSMC, 8-10-2010.

The American Society of Health System Pharmacies selected BGSMC Pharmacy as the spotlight pharmacy of the month for August 2010. "This is a distinct honor. Congratulations to our Staff for gaining us national recognition!" Butch David, R.Ph, Director of Pharmacy, BGSMC. For the full story, go to <http://www.ashp.org/PPMI/Spotlight.aspx>

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A Medical Center Redesign to Design a Culture of Multidisciplinary Collaborative Medication Management (CMM)



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